



PORT OF HOODSPORT

P.O. Box 429
Hoodspport, Washington 98548-0429
360-877-9350 • portmail@hctc.com • www.portofhoodspport.us

Serving the Hood Canal since 1951

IMPORTANT: All Port of Hoodspport Volunteers must read and sign this agreement prior to performance of any volunteer activity. No individual under the age of eighteen shall be allowed to volunteer services, nor participate with or accompany any volunteer in any volunteer capacity.

PORT OF HOODSPORT VOLUNTEERS RELEASE and WAIVER OF LIABILITY

This Release and Waiver of Liability ("Release") is executed on this _____ day of _____, in the year _____, by _____, (Volunteer) in favor or the Port of Hoodspport, a Washington port district agency and existing under that laws of the State of Washington, USA, its commission, contracted vendors, volunteers, all entities with interest in the real property within the jurisdiction of the Port of Hoodspport, collectively (POH).

I, _____, (Volunteer) execute this Release on behalf of myself, my marital community, and on behalf of any other individual with related interests. I desire to perform volunteer services to further the POH interests and purposes. I understand that performance of duties as a volunteer may present risks, including but not limited to risks associated with physical activity, use of equipment, outdoor elements, risks, presented by extreme weather conditions and outdoor activities.

I hereby freely, voluntarily, of my own will, in the absence of duress or extenuating circumstances, and after consultation with and approval by my spouse and/or any other individual with related interests execute the following:

1. **Waiver and Release:** I, on behalf of myself, my marital community, and on behalf of any other individual with related interests, agree to release, forever discharge and hold harmless POH from any claim that may exist for any bodily injury, personal injury, illness, death or property damage that may result from my participation as an POH volunteer. This release shall be interpreted to be as broad in its extent and purpose as the law will allow, including release of any claims arising from negligence. I also understand that POH assumes no responsibility or obligation to provide financial or other assistance in the event of injury, illness, death or property damage.
2. **Insurance:** POH does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for volunteers. **EACH VOLUNTEER IS ENCOURAGED TO OBTAIN HIS/HER OWN INSURANCE PRIOR TO SERVING IN ANY VOLUNTEER CAPACITY.**
3. **Medical Treatment:** I hereby release and forever discharge POH from any claim that may arise on account of any first-aid treatment or other medical services rendered in connection with my participation as an POH volunteer.
4. **Indemnification/Assumption of Risk.** I understand that my participation as an POH volunteer may include activities that may present hazards, including, but not limited to risks associated with physical activity, use of equipment, outdoor elements, risks presented by extreme weather conditions and outdoor activities. I hereby assume the risk of all injury, harm, illness, death, and property damages that may result from my participation as an POH volunteer. I agree to release and indemnify POH with respect to any liability for injury, harm, illness, death or property damage that may result from my participation as an POH volunteer. I intend this indemnification with respect to any claim that may arise from negligence.

I declare that I am age eighteen (18) years or older. I have read the entire Release and understand all of the provision. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.



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Name of Adult Volunteer (please print): _____

Signature of Adult Volunteer: _____ Date signed _____

Volunteer's Phone# _____ / Emergency Contact Name/Phone# _____

Volunteer's Address (physical/mailling) _____

Project Description _____

Project Approval _____

POH VOLUNTEER RELEASE AND WAIVER – APPROVED BY THE PORT COMMISSION ON _____

Lori Kincannon, Commission Chair
Port of Hoodport

Date